DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
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Medical Services
WRAMC RED BIRD POLICY AND PROCEDURES

1. PURPOSE.
This regulation outlines the policies and procedures of the Red Bird Program and identifies requirements for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) training at Walter Reed Army Medical Center (WRAMC), as established by the WRAMC Cardiopulmonary Resuscitation Committee.

2. APPLICABILITY.
This regulation applies to all medical personnel assigned to WRAMC.

3. REFERENCES.

   a. Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiac Care, Supplement to Circulation, August 2000;Vol. 102, No. 8.

   b. ACLS Provider Manual, American Heart Association: Fighting Heart Disease and Stroke, 2001.

   c. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manual for Hospitals (current edition).

   d. AHA Medical/Scientific Statement – Recommended guidelines for reviewing, reporting and conducting research on in-hospital resuscitation: The in-hospital "Utstein Style", Circulation. 1997; Vol. 95, No. 8: 2213-2239.

4. DEFINITIONS/TERMS.

   a. Red Bird: The WRAMC term for a cardiac and/or respiratory arrest, or other unexpected life-threatening event. A team of professionals trained in cardiopulmonary resuscitation is notified via the Red Bird Paging System of the emergency. The full team responds immediately to the location of the event and brings all necessary equipment for initial resuscitation of the patient.

   b. Anesthesia Only (AO) Red Bird: A modified Red Bird alert used ONLY for patients already in a "high level care environment" (i.e. Critical Care Units, Emergency Room, Post Anesthesia Recovery Unit, etc.) with critical care doctors and nurses already involved in the patient's ongoing care. Only five members of the Red Bird Team will respond to AO Red Bird calls, to include: the Anesthesia Service (1), the Respiratory Service (1), and the Nursing Service (3). **NOTE:** If unit staff require assistance with a non-emergent, routine endotracheal intubation, they should page the "On Call Anesthesia" through the central paging system or directly. Beware that it may take several minutes for them to respond to the page. The AO Red Bird alert is reserved for emergent arrest situations and is not intended for a routine intubation.

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This Pamphlet supersedes WRAMC Pam 40-1, dated 05 July 1995.

c. Resuscitation Measures: Cardiopulmonary resuscitation will be initiated by WRAMC personnel on the scene, as soon as the arrest is discovered and prior to calling the Red Bird Team and the arrival of the Red Bird Team. The Red Bird Team should never be the sole provider of resuscitation measures at WRAMC. Hospital personnel will remain after the Red Bird Team's arrival to assist as needed.

d. Red Bird Notification System:

(1) A "Red Bird" alert may be initiated by any personnel within Buildings 1 or 2 by dialing 782-6CPR (782-6277). The caller should state the location of the code and if it is a full code or AO code. All members of the Red Bird Team (carrying assigned Red Bird pagers) will be notified of the location of the patient via the paging system. This call will be annotated on the Red Bird Log. The Red Bird paging system is located in the Emergency Department.

(2) Response to the cardiopulmonary arrest outside of Building 1 or 2, but on WRAMC grounds is the responsibility of the WRAMC Emergency Medical Service. The Red Bird Team will respond to any medical emergency that requires rapid treatment within Building 1 or 2.

e. Red Bird Team: The Red Bird Team will consist of WRAMC personnel with expertise in all phases of resuscitation. All members of the team should respond immediately to Red Bird pages (An ** identifies those who should respond to AO Red Bird calls). It will be led by the in-house senior medical resident (medicine consultant), except as provided for in paragraph 5e, and will include:

(1) Senior medical resident in-house (Team Leader).

(2) Medical Intensive Care Unit resident.

(3) Surgical first call in-house resident.

(4) Pediatric first call in-house resident.

(5) Anesthesia 1st or 2nd call in-house resident**

(6) Red Bird Primary Nurse (ACLS skills)** & Secondary Nurse/NCO (BLS skills)**

(7) Pediatric Nurse (PALS skills)**

(8) Respiratory Therapist **

(9) Chaplain.

f. Equipment:

(1) Crash carts are located in specific designated patient care areas throughout the hospital where the likelihood of cardiopulmonary arrest is greatest. The carts contain appropriate drugs and equipment for resuscitation and should be used in conjunction with a monitor/defibrillator, portable suction and portable oxygen (See Appendix A). All crash carts are stocked, distributed and exchanged through Medical Equipment Exchange Section under the supervision of the Chief, Logistics Support Branch Floors 1-3 (LSB 1-3). Requests for crash carts are reviewed (and denied or approved) by the hospital CPR Committee then submitted to the Chief, LSB 1-3 for distribution of the crash cart (See Appendix B). Requests for changes, additions, or deletions of the cart contents or cart locations must be submitted to the CPR Committee for review and approval.

(2) Transport boxes are also standardized and available for sign-out from Medical Equipment Exchange for use by clinics or units that do not have a crash cart. The transport boxes are suitable for initiating advanced cardiac life support in the absence of a crash cart and defibrillator. A transport box must accompany all seriously ill/monitored patients when they are being transported from one area to another for the purpose of a procedure and/or a unit transfer. (See Appendix A).

(3) Personnel working in clinics or on wards should know the location of the nearest crash cart(s) and transport box(es) within their work area as well as the location of the closest ones outside their immediate work area.

(4) Crash carts and transport boxes will be checked for lock integrity and drug expiration once a day in clinics and once a shift in the Intensive Care Units, Emergency Room, and wards. A label on the front of the 1st drawer states the earliest expiration date of the medications. Any emergency equipment (monitor, defibrillator, oxygen tank, portable suction) located with the cart must be checked (each time the crash cart is checked) for proper function. A signature roster (WRAMC Form 331) will be kept with the cart to document the check. If the cart is opened or the expiration date reached, the unit personnel will call the log technician and request a new cart. The log technician will bring a new cart to the unit and return the used cart to LSB 1-3. The used cart should not be removed from the unit until the new cart has arrived.

(5) Medical Emergency Elevator Key

(a) The CPR Committee approved the use of a medical emergency elevator key for the Red Bird nurses who carry the Secondary Red Bird pager. This key is attached to the Nursing Supervisor key ring and the Red Bird Nurse will sign for the key when picking up the pager.

(b) The Red Bird Nurse is authorized to use the key to retrieve the cart from the ER, Cardiology Clinic, or Magnetic Resonance Imaging (MRI) Suite in response to a Red Bird emergency call in Building 1 or on floors 1-3 of Building 2. The key may also be used to transport the patient from the Red Bird scene to a patient care area.

(c) Instructions for use of the Medical Emergency Elevator Key are located in the Nursing Supervisor Book and include the following steps:

(i) Insert key into Medical Emergency Keyhole OUTSIDE the elevator.
(ii) Turn key to the RIGHT.
(iii)Turn back and remove key when the elevator arrives.
(iv) Insert key INSIDE elevator, turn to the Right.
(v) Push button for the floor desired, HOLD until elevator moves.
(vi) Remove key to return elevator to normal function.

(6) The Red Bird Pagers and Chargers

(a) Red Bird pagers and chargers have been issued to the Departments of Nursing, Surgery, Medicine, Anesthesia, Pediatrics, Respiratory Therapy, and Religious Services for their participation on the Red Bird Team. Each department is individually responsible for managing the rotation, function, security, and maintenance of the Red Bird pagers and chargers issued to their staff. Staff carrying the Red Bird pager must be prepared to respond immediately and go directly to the location of emergency event.

(b) Red Bird pagers must remain on and functional 24 hours a day 7 days a week. Staff members from each department assigned to carry the pager must participate in a daily system check occurring at approximately 0800. The paging operator will activate the Red Bird Paging System with a test page. Each individual carrying a Red Bird Pager must immediately call the operator (782-1000) to confirm they received the page. If the staff member did not receive the test page, it is his or her responsibility to check the battery and function of the pager to ensure that it is working. Malfunctioning pagers can be repaired or replaced through the Medical Equipment Repair Service located in tunnel corridor to Building 1. If a pager has malfunctioned, it is the responsibility of that Department to notify their log technician who will take the pager to Medical Equipment Repair Service. The paging operators will maintain a Red Bird Book that documents system check response for quality improvement purposes.

5. RESPONSIBILITIES.

   a. Duties of Personnel Finding the Patient Requiring Medical Assistance.

      (1) Ascertain that a cardiac and/or pulmonary arrest is imminent, is in a near arrest state or has sustained an arrest.

      (2) Call co-workers for help and note time of arrest.

      (3) Initiate BLS measures to establish a patent airway, perform rescue breathing and augment circulation with chest compressions as needed.

      (4) Specify an individual to call a "Red Bird" by dialing 782-6CPR (782-6277) and to bring the Red Bird equipment (crash cart, monitor/ defibrillator, portable suction and portable oxygen) to the patient's location.

   b. Duties of the Charge Nurse/Area Supervisor.

      (1) Ensure that the Red Bird Team has been called.

      (2) Ensure CPR is being performed and that there is a pulse with compressions.

      (3) Ensure the transport box or crash cart and emergency equipment is brought to the patient. If the crash cart is not located in the area, arrange for transport of the nearest crash cart/emergency equipment to the arrest location.

      (4) Ensure that the cardiac resuscitation board is placed under the patient and the cardiac monitor with defibrillator is applied.

      (5) Assemble bag-valve mask, oxygen and suction equipment.

      (6) Ensure that documentation of code events is completed on Parts 1 and 2 of the Emergency Resuscitation Record (ERR) and ensures a copy of the ERR is routed to a designated CPR Committee member for review.

      (7) Assist in two-man CPR or assign someone qualified for this task.

      (8) Assist in airway maintenance and suctioning of the patient as required.

c. Duties of Ward Personnel.

(1) Know where the closest crash cart is located.

(2) Transport crash cart/emergency equipment to the patient. If no crash cart is immediately available, obtain a crash cart STAT and transport the cart to the patient.

(3) Clear the arrest area of other patients and/or visitors, and clear unnecessary equipment and furniture from the area.

(4) Obtain and open needed supplies from the crash cart.

(5) Maintain care of other patients in the area.

(6) Give attention to the family of the patient under going resuscitation.

(7) Perform other duties as directed by the Red Bird Team.

d. Duties of the Ward Nurse:

(1) Document events that occurred before arrival of the Red Bird Team.

(2) Assist with the airway and suction during intubation.

(3) Report to Red Bird Team members:

(a) Events immediately preceding the code.

(b) Brief patient history including allergies, medications & recent procedures.

(4) Talk to the patient, if appropriate, and explains emergency procedures.

(5) Direct ward personnel to complete tasks prior to arrival of Red Bird Team.

(6) Assure that all patient records are transported to receiving units.

(7) Ascertain that the attending physician has been notified, if appropriate, and notifies the physician leader if it has not been done.

(8) Assure that family is notified and given support during and after the code.

(9) Communicate with the nursing supervisor to arrange for staffing needs.

(10) Assist the Red Bird Nurse as directed.

(11) Assure that the used transport box/crash cart is exchanged in Medical Equipment Exchange Section after completion of transport.

    d. Duties of the Ward Nurse:

        (1) Document events that occurred before arrival of the Red Bird Team.

        (2) Assist with the airway and suction during intubation.

        (3) Report to Red Bird Team members:

        (a) Events immediately preceding the code.

        (b) Brief patient history including allergies, medications & recent procedures.

        (4) Talk to the patient, if appropriate, and explains emergency procedures.

        (5) Direct ward personnel to complete tasks prior to arrival of Red Bird Team.

        (6) Assure that all patient records are transported to receiving units.

        (7) Ascertain that the attending physician has been notified, if appropriate, and notifies the physician leader if it has not been done.

        (8) Assure that family is notified and given support during and after the code.

        (9) Communicate with the nursing supervisor to arrange for staffing needs.

        (10) Assist the Red Bird Nurse as directed.

        (11) Assure that the used transport box/crash cart is exchanged in Medical Equipment Exchange Section after completion of transport.

        (b) The Team Leader is in charge of overall resuscitation management. He/she will establish the patient's airway if the attending physician or anesthesiologist is not present. He/she may consult with other physicians, or be supervised by the attending physician who will give all medication and procedural orders.

        (c) Responsible for determining when the code is completed.

        (d) Ensure accuracy of the ERR and sign Part 2 of this document.

        (e) Ensure that all documentation (Progress Note/Death Summary, Death Packet) has been completed.

NOTE: Additional comments should include information concerning the patient preceding, during and after the code. Comments related to lack of equipment, lack of personnel, logistical problems, evaluation of the code should NOT be included in this section. Such comments should be documented on a WRAMC Form 1811 and sent to Clinical Performance & Improvement Office, Bldg. 1,1st floor, Sec. F, Rm. 114 or a copy sent to the Nursing Performance Improvement Office (See Paragraph 6).

        (f) Ensure that the family of the patient has been contacted and counseled about the events and outcome of the Red Bird if the attending physician is not present.

(g) Ensure that all arrangements for emergency admission to the "Crash Bed" have been made and that the patient is safely transported to the receiving unit.

(h) Initiate WRAMC Form 1811, documenting any problems or unusual occurrences during the Red Bird, if applicable.

(2) Duties of Medical First Call Resident: Assist the senior medical resident in-house for overall management.

(3) Duties of Surgical First Call Resident:

(a) Establish vascular access via cut-down as needed.

(b) Assume the role of Team Leader for surgical or trauma patients after stabilization of the cardiovascular system. Ensure the on-call surgical physician is notified of the case.

(c) For non-surgical or non-trauma patients, he/she may leave when released by senior medical resident in charge at the time.

(4) Duties of Pediatric In-House Resident: Assumes all responsibilities of team leader on all pediatric patients.

(5) Duties of Anesthesiologist or Nurse Anesthetist.

(a) At least one anesthesiologist or nurse anesthetist must respond to ALL Red Bird alerts.

(b) Establish and maintain the airway, intubating patient if indicated.

(c) Initiate ventilation and continue until relieved by Respiratory Therapy.

(d) Obtain vascular access when requested to do so by Team Leader.

(e) Ensure that ventilatory status is stable as assessed by clinical exam and by ABG determination where indicated.

(f) Other duties as assigned by Team Leader. May be released by Team Leader after ventilatory status is determined to be stable.

(6) Duties of Primary Red Bird Nurse and Secondary Red Bird Nurse/Non Commissioned Officer (NCO) and Pediatric Red Bird Nurse:

(a) The Primary, Secondary, and Pediatric Red Bird Nurses respond to ALL Red Bird alerts. They ensure that a comprehensive record of arrest events is completed and placed in the patient's record.

(b) Communicate to the Physician Team Leader the status of all vital signs, medications given, bedside activities, and other information as requested.

(c) Monitor all nursing activities & directs ward personnel in specific emergency functions.

(d) Ensure all medications are properly prepared and given. Responsible for knowing drug actions, indications, dosages and precautions.

(e) Primary Red Bird Nurse brings i-STAT and cartridges and operates i-STAT for obtaining lab work during the Red Bird.

(f) Ensure that suction is obtained from the nearest locale.

(g) Ensure that monitor leads are placed appropriately and patient is monitored.

(h) Assist with defibrillation.

(i) Ensure that appropriate paperwork is completed at the end of the code and/or prior to transfer to another unit. Ensures that the receiving unit is notified prior to transfer.

(j) Ensure that the necessary equipment, supplies and medications are identified and assembled for transport.

(k) Accompany the patient to the receiving unit and gives report regarding the arrest events to the nursing personnel on the receiving unit.

(l) Assist with the completion of the ERR Parts 1 and 2 and obtains the physician's signature.

(m) Ensure that one copy of the ERR (Parts 1 and 2) is returned, via the 24-hour Nursing Report, to the Critical Care Clinical Nurse Specialist who will collect them, evaluate for quality assurance issues and submit a report for the CPR Committee and Special Care Unit Council to review monthly.

(n) Calls the Emergency Room to request that a gurney and ACLS equipment be transported to codes which occur in non-patient areas in Buildings 1 and 2.

NOTE: Three nurses (3 Registered Nurses (RN) or 2 RNs and 1 Licensed Practical Nurse (LPN)) will carry the Red Bird pagers. The Primary Red Bird Nurse (RN Only), will be ACLS qualified and experienced in responding to cardio-respiratory arrest and life threatening emergencies. His/her responsibility is to go immediately to the code site, assess the patient, initiate BLS, and anticipate plan of action until code cart arrives. Once the code cart and equipment arrive, the Primary Red Bird Nurse will facilitate administration of emergency medications and use of defibrillator and emergency equipment. The Secondary Red Bird Nurse (RN or NCO with BLS and Red Bird training) will carry the code pager and the elevator key. He/she ensures proper documentation of the code event on the Emergency Resuscitation Record and assists with emergency procedures as directed by the Team Leader and Primary Nurse. The Pediatric Nurse (RN only) will be PALS qualified and experienced in responding to pediatric cardiac/respiratory arrest and life threatening emergencies. His/her responsibility is to go immediately to the code site. A fourth nurse/NCO may respond to the Red Bird call in a back up or training capacity.

   The Secondary Red Bird Nurse is very essential when codes occur in non-patient care areas or when two or more Red Bird events occur simultaneously. During duty hours, the Secondary Red Bird Nurse is responsible for obtaining the crash cart that is kept in the Cardiology Clinic when codes are called on floors 1-3 in Building 2. During non-duty hours, he/she is responsible for obtaining the crash cart (with monitor/defibrillator and other equipment) from the Emergency Room and bringing it to the scene of the code on floors 1-3 in Building 2. For codes called in Building 1, the Secondary Red Bird Nurse will go to Building 1 Tunnel, the MRI area, and retrieve the crash cart and equipment kept there and bring it to the code location in Building 1.

(7) Duties of Respiratory Therapist:

(a) Respond to ALL Red Bird Alerts.

(b) Ensure an adequate supply of oxygen for CPR and transport.

(c) Ensure availability of equipment for oxygen administration, ventilatory support and suctioning.

(d) Provide ventilatory support with manual resuscitation as needed.

(e) Suction the patient as directed by the Team Leader, Anesthesiologist/Nurse Anesthetist or Red Bird Nurse.

(f) Assist with cardiac compressions as directed by the Team Leader.

(8) Duties of the Chaplain:

(a) Provide emotional, psychological and spiritual support to the patient, family, significant other and/or health care staff as needed before, during, and after the code event. Monitors patient, family and visitor reactions to the emergency and assists in directing them away from the patient care area to an appropriate waiting area. Allows them to ventilate feelings.

(b) Assist team in locating/contacting family members and providing them with information about their family member or significant other.

(c) In the event of a death, provide family/significant other with spiritual support and guidance for arranging religious services and caring for the deceased.

6. DOCUMENTATION OF RED BIRD/CARDIAC ARREST EVENTS.

NOTE: The form used in documenting emergency situations involving the activation of the Red Bird Team: MEDCOM ERR Part 1 and Part 2. WRAMC Form 1811 will be included if situation is warranted.

   a. MEDCOM FORM 679-R (TEST) Part 1 and 2 – ERR.

(1) This form is found in the top drawer of the crash cart. (See Appendix C) There will be four copies of the ERR available in the crash cart, however each unit should have copies on file. In addition, the Bulk Drug Pharmacy has extra copies.

(2) Once completed the original copy is placed in the patient's hospital record and a copy is sent to the CPR Committee for review by giving it to the Nursing Supervisor. The copy is then forwarded to the Critical Care Clinical Nurse Specialist for review. A monthly report of all Red Birds is prepared and submitted to the CPR Committee and Special Care Unit Council for Quality Improvement evaluation. Documentation on the ERR is required for ALL Red Bird alerts (including AO, false alarms, or non-arrest situations).

(3) All sections in Part 1 must be completed.

(4) Part 2 is utilized to record cardiac rhythms, medications, IV fluids, defibrillation procedures, laboratory results and hemodynamic information. It is important that specific ongoing rhythms and dosages are accurately recorded for legal documentation. This record documents the code procedures and is evaluated to ensure adherence to established ACLS standards.

The date must be written on this form. Both the physician and the red bird nurses must sign the form. This is the official record of the physician's orders and the care provider's actions during the code, therefore contents must be reviewed and signed by both parties.

(5) WRAMC Form 1811 Risk Management/Quality Improvement Report. This form is to be used to document any problems with equipment or personnel during the code procedure. Such problems, concerns or comments should NEVER be recorded on the ERR. If problems relate specifically to the crash cart, the crash cart number must be recorded on the WRAMC Form 1811, and ward personnel are instructed to place a note on the cart indicating the nature of the problem (addressing the Chief, Medical Equipment Exchange).

7. RED BIRD PROCEDURE IN NON-CLINICAL AREAS.

a. Red Bird Team personnel identified in paragraph 4e will respond.

b. All designated Red Bird Team nurses should respond to all codes. The Primary Red Bird Team Nurse and Pediatric Red Bird Nurse carries out the duties as previously designated. The Secondary Red Bird Team Nurse assumes the responsibilities outlined for the ward nurse.

c. The location of the nearest crash cart with a monitor/defibrillator, oxygen tank, and portable suction must be identified. If necessary, these will be transported to the code area by the Secondary Red Bird Team Nurse or NCO.

d. The code will otherwise be conducted as outlined above
 and in accordance with ACLS Guidelines. Members of the Red Bird Team previously designated will arrange for transport and accompany the patient to the ER or "Crash Bed."

8. CARDIOPULMONARY ARREST OUTSIDE BUILDINGS 1 OR 2

a. The Ambulance Section (782-1172) handles emergency support outside of Buildings 1 and 2 for all on-post emergencies. It is important to give the name, the location (building and room number) and the nature of the emergency when calling.

b. Rarely will an ambulance not be available because of prior transport commitments. In this instance, the Emergency Medical Service at WRAMC will be monitoring all incoming calls for emergency assistance. For an emergency occurring during a period when an on-post ambulance is not available, the ER will direct the caller to call 911 for assistance. They will ascertain if the caller is able to call 911, and will make the call if the caller cannot.

9. BASIC EMERGENCY RESUSCITATION EDUCATIONAL REQUIREMENTS FOR STAFF

a. All WRAMC personnel involved in direct patient care: in diagnostic or therapeutic capacity; in inpatient or outpatient settings; on full time or part time basis, will maintain current certification in Basic Life Support (BLS) in accordance with the American Heart Association guidelines. Nursing Education and Staff Development (NESD) will do BLS scheduling and training.

b. It is mandatory for all Red Bird Team Nurses to complete the Red Bird Cardiopulmonary Resuscitation Certification Class initially and then complete the Red Bird Cardiopulmonary Recertification Course annually to maintain optimal Red Bird Team readiness. Initial Red Bird Courses are offered quarterly in NESD. Nurses serving as the Primary Red Bird Nurse must become trained and remain current in ACLS. Secondary Red Bird Nurse/NCO must stay current in BLS. The Pediatric Red Bird Nurse must become trained and remain current in Pediatric Advanced Life Support (PALS).

c. Medical and Surgical Physicians on the Red Bird Team must be current in ACLS. Pediatricians must be current in PALS.

d. Health care providers are personally responsible for maintaining current status in BLS, ACLS, PALS and Red Bird Certification as is appropriate. Staff compliance with training requirements is monitored by the unit Head Nurse, Ward Master, or Department Administrator with assistance of the NESD database. Recertification and training for all of the above requirements are offered on a regular basis in NESD.

10. RED BIRD PROGRAM MANAGEMENT AND ADMINISTRATIVE PROCEDURES.

a. The Red Bird Program is a hospital wide, multi-departmental, multi-disciplinary initiative. Department and Section Supervisors are responsible for ensuring quality preparation, participation, and compliance of staff with these Red Bird Program regulations.

b. The hospital multi-disciplinary CPR Committee serves as a central consulting board for the operations of the Red Bird Program and will meet regularly to evaluate the hospitals organized response and effectiveness of emergency resuscitation measures. The CPR Committee members will review all code documents; address emergency equipment standardization issues; review requests for changes to the current emergency resuscitation protocols; and will provide recommendations and guidance to achieve quality assurance for emergency resuscitation hospital wide.

c. The Department of Nursing has implemented a Red Bird Nursing Program to facilitate optimal preparation, readiness and execution of emergency resuscitation for Primary, Secondary, and Pediatric Red Bird Nurses working in all patient care areas. The nursing staff managing the Red Bird Nursing Program serve as an excellent resource for problem solving emergency resuscitation issues.

(1) The Deputy Commander for Nursing has command responsibility for the Red Bird Nursing Program. The Chief, Critical Care Nursing Section (CCNS) appoints an advanced practice nurse from the CCNS to serve in the role of Red Bird Nursing Program Director. The director will then facilitate the appointment of a Red Bird Program Coordinator who will facilitate appointment of Red Bird Program Instructors and Red Bird Nurses. These individuals are responsible for the management of the Red Bird Pager rotation and code response for the Department of Nursing.

(2) All Nursing Supervisors are required to attend the Red Bird Certification and Recertification Courses. Nursing Supervisors serve as the Secondary Red Bird Nurse on evenings, nights, weekends and holidays and as a consultant to staff for Red Bird related questions, issues and problems.

Appendix A
INTERGRATED CRASH CART (Blue Cart Only)

CART NO#_____   DATE_____   STOCKED BY_____

CHECKED BY_____

INTERGRATED CRASH CART

		TOP BIN: MEDICATION	
DRAWER 1:			
		CHECKLIST	
		WRAMC Emergency Resuscitation Record	4 copies
		Resuscitative Manual	1 each
		Broselow Tape	1 each
DRAWER 2:			
		BD Introcan 14 g	2 each
		BD Introcan 16g	2 each
		BD Introcan 18g	2 each
		BD Introcan 20ga	2 each
		BD Introcan 22g	4 each
		BD Introcan 24g	4 each
		Syringes 3cc luer lock	2 each
		Syringes 10cc luer lock	2 each
		Syringes 20cc luer lock	2 each
		Syringes 60cc luer lock	2 each
		Syringes Tuberculin 1cc	5 each
		NS 10ml prefilled	6 each
		Hypo Needle 18g, 1 ½ in	2 each
		Hypo Needle 20g, 1 ½ in	2 each
		Hypo Needle 22g, 1 in	2 each
		Hypo Needle 25g, 5/8 in	2 each
		Filtered needles 19g, 1 ½ in	2 each
		Spinal Needle 18g 3 ½ in	1 each
		Spinal Needle 20g 3 ½ in	2 each
		Alcohol wipes	10 each
		Blood Gas Syringe	3 each
		Providone Iodine Swab Stick (**check date**)_____*	2 each
		Gold Top Blood Tubes 2.5cc (**check dates**)_____*	2 each
		Blue Top Blood Tubes 3cc (**check dates**)_____*	2 each
		Purple Top Blood Tubes 3cc (**check dates)**_____*	2 each
		Yellow Top Blood Tube Microtainer	2 each
		Purple Top Blood Tube Microtainer	2 each
		No. 11 Blade	1 each
		Labels	10 each
		Adapter Luer Plug (Ext IV cath inject adap)	5 each
		Three-way Stopcock without extension	2 each
		Set IV Primary	2 each
		Adapter IV Needles	2 each
		IV Set Volutrol/Burette IVAC Triple (*IV pump prime – volutrol*)	2 each
		Blood component set with needle (n/vented blood set)	1 each
		Sponges 4x4	5 each

	Sponges 2x2	5 each
	Vial Access Device	2 each
	Taxol Ext Set (Ext 17" with w.2)	2 each
	Silk Tape 1 inch	1 each
	Cloth Tape 2 in	1 each
	Mini spike	5 each
	Extension Set with T *(Stopcock 4 way with T)*	2 each
	Tourniquets *(Penrose 5/8in)*	2 each
	Tongue Depressors	2 each
	Butterfly needles 23ga	2 each
	Butterfly needles 25 ga	2 each
	Aspirator Needle (JAMSHIDI)	2 each
Drawer 3		
	Laryngoscope Handle (large and small)	1 each
	Laryngoscope Blades	
	Macintosh 1, 2, 3 and 4	1 each
	Miller 0, 1, 2 and 3	1 each
	Wipshipple 1.5	2 each
	Extra Laryngoscope bulbs	2 each
	Hemostat	1 each
	Bandage scissors	1 each
	McGill Forceps Adult and Pediatric	1 each
	Extra Batteries AA/C/D (**check dates**)_____*	2 each
	ETCO2 Adult > 15 kg, Pediatric <15 kg (**Check date**)_____*_____*	1 each
	Stylet Adult and Pediatric	2 each
	Suction Catheter 8 fr	2 each
	Suction Catheter 10 fr	2 each
	Suction Catheter 14 fr	2 each
	Endotracheal tubes 3 uncuffed ET	1 each
	Endotracheal tubes 3.5 uncuffed ET	1 each
	Endotracheal tubes 4 uncuffed ET	1 each
	Endotracheal tubes 4.5 uncuffed ET	1 each
	Endotracheal tubes 5 uncuffed ET	1 each
	Endotracheal tubes 5 cuffed ET	1 each
	Endotracheal tubes 6 cuffed ET	1 each
	Endotracheal tubes 7 cuffed ET	1 each
	Endotracheal tubes 8 cuffed ET	1 each
	Endotracheal tubes 9 cuffed ET	1 each
	Oral Airway 50 mm	1 each
	Oral Airway 60 mm	1 each
	Oral Airway 80 mm	1 each
	Oral Airway 90 mm	1 each
	Oral Airway 100 mm	1 each
	Nasal Pharyngeal Airway 12	1 each
	Nasal Pharyngeal Airway 14	1 each

	Nasal Pharyngeal Airway 16	1 each
	Nasal Pharyngeal Airway 18	1 each
	Nasal Pharyngeal Airway 20	1 each
	Nasal Pharyngeal Airway 22	1 each
	Nasal Pharyngeal Airway 28	1 each
	Nasal Pharyngeal Airway 30	1 each
	Nasal Pharyngeal Airway 32	1 each
	Oxygen Connecting tubing	1 each
	Sump Tube #8	1 each
	Sump Tube #10	1 each
	Sump Tube #12	1 each
	Sump Tube #18	1 each
	Toomey Syringe 50 cc	1 each
	5 in 1 Connector (straight)	1 each
	02 Connector (*Christmas Tree*) (nipple tubing wng/gland)	1 each
	DISPOSABLE Resuscitation Bag (Adult /Peds)	1 each
	Yankuer	1 each
	Surgilube Jel	1 each
	CPR Microshield	1 each
	Non-Rebreather Mask – Adult	1 each
	Non-Rebreather Mask – Child	1 each
	E-TAD straps	1 each
Drawer 4		
	IRR NS 500 CC **(check date_____*)**	1 each
	EKG pads (pack 50) Adult **Check date**)_____*	1 each
	EKG pads (pack)Pediatric (**Check date**)_____*	3 each
	Defibrillator Pad (**check date**)_____*	1 each
	Gloves Size 6.5	1 each
	Gloves Size 7	1 each
	Gloves Size 7.5	1 each
	Gloves Size 8	1 each
	Gloves Size 8.5	1 each
	Sharps Container (5 QT)	1 each
	Face Shield	1 each
	Blue Splash Proof Gown Large (Gown Hosp Blue)	1 each
	Glove Latex Large	1 box
	Pacing Pad Adult (**Check date**)_____*	1 each
	Pacing Pad Pediatric (**Check date**)_____*	1 each
	BP Cuff – Adult	1 each
	Stethoscope – Child	1 each
	Stethoscope – Adult	1 each
	Percutaneous Catheter Inducer Kit 8 fr	2 each
	Triple Lumen Catheter 7 fr – Adult	1 each
Side Bins		
Side Bin #1	IV SOLUTION D5W 250cc **(Check Date)_____***	1 each
	IV SOLUTION D5W 100cc **(Check date)** _____*	1 each
Side Bin #2	IV SOLUTION 0.9 SODIUM CHLORIDE 250cc **(Check date)_____***	1 each
	IV SOLUTION 0.9 SODIUM CHLORIDE 100cc **(Check date)_____***	2 each
	IV SOLUTION 0.9 SODIUM CHLORIDE 500cc **(Check date)_____***	1 each
Side Bin #3	IV SOLUTION 0.9 SODIUM CHLORIDE 1000cc **(Check date)_____***	2 each

Appendix A (Continued)

INTEGRATED CRASH CART (Blue Cart Only) - MEDICATIONS

CART NUMBER: EXPIRATION DATE (yy/mm/dd):
DRUG EXPIRING: LOCK #:
DATE LAST CHECKED (yy/mm/dd):   INITIALS:

TOP BIN:

A. 3 Atropine S04 Inj. 0.1mg/cc (10cc syringe)
      Mfr.   Lot No: Exp (mm/yy):
B. 4 Epinephrine Inj. 1-10,000 - 0.1mg/cc (10cc syringe) 21 gauge - 1 1/2"
      Mfr: Lot No: Exp (mm/yy):
C. 2 Calcium Chloride Inj. 100mg/cc (1Gm syringe - 10cc)
      Mfr: Lot No: Exp (mm/yy):
D. 1 Dextrose Inj. 50% (25Gm/50cc (500mg/cc) (50cc syringe)
      Mfr: Lot No: Exp (mm/yy):
E. 2 Sodium Bicarbonate Inj. 8.4% (50mEq/50cc (1mEq/cc) 50cc syringe
      Mfr: Lot No: Exp (mm/yy):
F. 2 Sodium Bicarbonate Inj. 4.2% (25meq/50cc) (0.5meq/cc)
      Mfr: Lot No: Exp (mm/yy):
G. 3 Lidocaine Inj. (2%) 20mg/cc (5cc syringe)
      Mfr: Lot No: Exp (mm/yy):
H. 5 Adenosine Injection 3mg/cc (2 cc vial)
      Mfr: Lot No: Exp (mm/yy):
I. 2 Magnesium Sulfate Inj. (50%) 500mg/cc (4mEq/cc) (10cc syringe)
      Mfr: Lot No: Exp (mm/yy):
J. 1 Diphenhydramine (Benadryl) Inj. 50mg/cc (1cc syringe)
      Mfr: Lot No: Exp (mm/yy):
K. 1 Procainamide (Pronestyl) Inj. 100mg/cc (10cc vial)
      Mfr: Lot No: Exp (mm/yy):
L. 3 Metoprolol Inj. 1mg/5cc (5 cc Amp)
      Mfr: Lot No: Exp (mm/yy):
M. 1 Nitroglycerine Spray
      Mfr: Lot No: Exp (mm/yy):
N. 1 Dobutamine Inj. 250mg/20cc (20cc vial)
      Mfr: Lot No: Exp (mm/yy):
O. 1 Dopamine Inj. 80 mg/ml   (5cc amp - 400mg)
      Mfr: Lot No: Exp (mm/yy):
P. 1 Epinephrine Inj. 1-1000 –1.0 mg/cc (30cc vial)
      Mfr: Lot No: Exp (mm/yy):
Q. 2 Verapamil Inj. 2.5mg/cc (2cc syringe)
      Mfr: Lot No: Exp (mm/yy):
R. 2 Naloxone (Narcan) Inj. 0.4mg/cc (1cc amp)
      Mfr: Lot No: Exp (mm.yy):
S. 1 Flumazenil Inj. 1mg/10cc (10cc vial)
      Mfr: Lot No: Exp (mm/yy):
T. 1 Dexamethasone Inj. 4mg/cc (5cc vial)
      Mfr: Lot No: Exp (mm/yy):

Appendix A (Continued)

U. 1 Phenylephrine (neosynephrine) Inj. 10mg/cc (1cc vial)
        Mfr: Lot No: Exp (mm/yy):
V. 1 Furosemide (Lasix) Inj. 10mg/cc (10cc amp)
        Mfr: Lot No: Exp (mm/yy):
W. 1 Norepinephrine Inj. 1mg/ml (4 ml/amp)
        Mfr: Lot No: Exp (mm/yy):
X. 1 Digoxin (Lanoxin) Inj. 0.25mg/cc (2cc amp)
        Mfr: Lot No: Exp (mm/yy):
Y. 3 Amiodarone 150 mg/3ml (3 cc amp)
        Mfr: Lot No: Exp (mm/yy):
Z. 2 Vasopressin 20u/ml (1 cc vial)
        Mfr: Lot No: Exp (mm/yy):

DRAWER 1
A. 1 Dopamine Drip (1.6mg/cc) 400mg/250cc D5W
        Mfr: Lot No: Exp (mm/yy):
B. 1 Lidocaine Drip (0.4%) 1Gm/250cc D5W
        Mfr: Lot No: Exp (mm/yy):

Appendix A (Continued)

PEDIATRIC TRANSPORT BOX

BOX NO#:   DATE:
STOCK BY: CHECKED BY:

TOP BIN:
1. Adult 3 Liter Self-inflating Bag With Mask	1
2. Pediatric 1 Liter Pediatric Self-inflating Bag With Mask	1
3. Infant Self-inflating Bag With Mask	1
4. Pediatric Easy Seal Mask	1
5. Endotracheal Tube 3, 3.5, 4, 4.5, 5 & 6	1ea
6. Laryngoscope Handle	1
7. Laryngoscope Blade Miller 0, 1, 2	1ea
8. Laryngoscope Blade Macintosh 2 & 3	1ea
9. Extra Batteries Size C (Check Date) _____	2ea
10. Bulb for Laryngoscope Blade	2ea
11. Dental Suction (Blue)	1
12. Yankuer Suction	1
13. Suction Catheters (Size 8Fr, 10Fr , 14Fr)	2ea
14. McGill Forceps (Pediatric)	1
15. Stylets (Adult & Pediatric)	1ea
16. Oral Airways (Size: 0, 1, 2, 3, 4 & 5)	1ea
17. Nasal Trumpets (Size: 18, 20, 22)	1ea
18. Tongue Blades	2
19. Surgical Gel Tube	1
20. Stethoscope (Pediatric)	1
21. Ear Syringe	1
22. Saline Bullet NS For Aerosol (Check Date) _____	2ea
23. Defibrillation Pads (Pediatric & Adult)	1ea
24. EKG leads Medicotest (Check Date) _____	5ea

DRAWER 1:
1. MEDICATION (See Pharmacy Listing)

DRAWER 2:
1. Butterfly's, 23 gauge	2
2. ABG Kits (Check Date) _____	2ea
4. Angiocath 22G Jelco	2
5. Angiocath 14G Jelco	1
6. 3 Way stopcock with extension	2
7. IV Set Volutrol / Burette (Triple Channel-IVAC)	2
8. Jamshidi bone marrow aspiration needles (15G)	2
9. 0.9 Sodium Chloride 250cc (Check Date) _____	2ea
10. Providone Iodine Swab Stick (Check Date) _____	1
11. Interlink cannulas	5
10. Gauze (2x2)	2
11. Syringes (1cc, 3cc, 5cc, 10cc)	2ea
12. Alcohol Wipes	10
13. Tourniquet (10 inch Pediatric)	1
14. Mini spike	2
15. Pediatric resuscitation tape (Broselow)	1

Appendix A (Continued)

PEDIATRIC TRANSPORT BOX
Continued

DRAWER 3:
1. Flashlight Disposable (Check Date) _____   1
2. Gloves: 6.5, 7.0, 7.5, 8.0, 8.5   1ea
3. Gauze (4x4)   2

PEDIATRIC TRANSPORT BOX - MEDICATIONS

PEDIATRIC TRANSPORT BOX   DRAWER 1
BOX NUMBER: EXPIRATION DATE (yy/mm/dd):
DRUG EXPIRING: LOCK #:
DATE LAST CHECKED (yy/mm/dd):   INITIALS:

A.   1 Atropine SO4 (0.1mg/ml)   (10ml syringe)
        Mfr: Lot No: Exp (mm/yy):
B.   1 Dextrose Injectable 50% (25gm/50ml) (50 ml syringe)
        Mfr: Lot No: Exp (mm/yy):
C.   1 Diphenhydramine (Benadryl) Inj. (50mg/ml) (1 ml syringe)
        Mfr: Lot No: Exp (mm/yy):
D.   1 Epinephrine 1 / 10,000 (0.1mg/ml) (10ml syringe)
        Mfr: Lot No: Exp (mm/yy):
E.   1 Lidocaine Inj. (20mg/ml) (5ml syringe)
        Mfr: Lot No: Exp (mm/yy):
F.   1 Naloxone Inj. (0.4 mg/ml) (2 ml amp)
        Mfr: Lot No: Exp (mm/yy):
G.   1 Phenytoin (Dilantin) Inj. (50 mg / ml) (2 ml amp)
        Mfr: Lot No: Exp (mm/yy):
H.   1 Sodium Bicarbonate Inj. 4.2% (.5mEq/1cc) (10 ml syringe)
        Mfr: Lot No: Exp (mm/yy):
I.   1 Sodium Bicarbonate Inj. 8.4% (50meq/50cc) (1 mEq/cc)
        Mfr: Lot No: Exp (mm/yy):
J.   1 Sterile Water for Inj. (5 ml amp)
        Mfr: Lot No: Exp (mm/yy):
K.   1 Lidocaine (Xylocaine) Jelly 2% (30 ml tube)
        Mfr: Lot No: Exp (mm/yy):

Appendix A (Continued)

ADULT TRANSPORT BOX

BOX NO#:   DATE:
STOCK BY: CHECKED BY:

TOP BIN:

1. MDI Micro-shield Clear Mouth Barrier	1
2. Defibrillator Pads	1
3. EKG Pads - Pack of 3 electrodes (Check Date) _____	2ea
4. Oxygen Connecting Tubing	1
5. McGill Forceps (Adult)	1
6. Oral Airway (Adult) 2, 3, 4 & 5	1ea
7. Stylet	1
8. Laryngoscope Handle	1
9. Miller Blades (Sizes 2&3)	1ea
10. Macintosh Blades (Sizes 3&4)	1ea
11. Endotracheal Tubes 5, 6, 6.5, 7, 7.5 & 8	1ea
12. Yankuer Suction	1
13. Suction Catheters (14Fr)	2
14. Disposable Self-inflating Resuscitation Bag (Adult)	1
15. Nasal Trumpet (Adult sizes)	1ea
16. Stethoscope (Adult)	1
17. Cetacaine Spray	1
18. Extra Batteries - Size A, C, D (Correct Size)	2
19. Extra Bulbs for Laryngoscope Blades	2
20. Silk Tape 1 inch (To secure airway)	1

DRAWER 1:
1. MEDICATION (See Pharmacy Listing)

DRAWER 2:

1. Gloves 6 1/2, 7, 7 1/2, 8 & 8 1/2	1ea
2. Povidone/Iodine Swab Stick (Check Date) _____	1
3. Syringe 3cc, 5cc, & 10cc	3ea
12. Tourniquet	1
13. Tape 1" (Transpore)	1
6. Needle 20G (1.5 inches)	10ea

DRAWER 3:

1. IV Solution D5W 250 cc (Check Date) _____	1
2. IV Solution Sodium Chloride 250cc (Check Date) _____	1
3. 3 Way Stopcock With Extension	1
4. Jelco Cath 18 Ga	2ea
5. Jelco Cath 20 Ga	2ea
6. Blood Gas Kit (Check Date) _____	1
7. IV Volutrol / Burette (IVAC Triple Channel – M# C5048)	1
8. Gauze (2x2)	2
9. Opsite Dressing	1
10. Alcohol Wipes	10
11. Interlink Cannula	5
12. Mini Spike	2

Appendix A (Continued)

ADULT TRANSPORT BOX - MEDICATIONS

ADULT TRANSPORT BOX   DRAWER 1
BOX NUMBER: EXPIRATION DATE (yy/mm/dd):
DRUG EXPIRING: LOCK #:
DATE LAST CHECKED (yy/mm/dd):   INITIALS:

A.   1 Atropine SO4 (0.1mg ml) (10 ml Syringe)
         Mfr: Lot No: Exp (mm/yy):
B.   1 Diphenhydramine (Benadryl) Inj. (50 mg / ml) (1 ml syringe)
         Mfr: Lot No: Exp (mm/yy):
C.   1 Dexamethasone (4 mg / ml) (5 ml vial)
         Mfr: Lot No: Exp (mm/yy):
D.   1 Dextrose 50% Inj. (25gm / 50 ml)
         Mfr: Lot No: Exp (mm/yy):
E.   1 Epinephrine 1 / 1000 (1 mg / ml) (30 ml vial)
         Mfr: Lot No: Exp (mm/yy):
F.   2 Lidocaine Inj. (20 mg / ml) (5 ml syringe)
         Mfr: Lot No: Exp (mm/yy):
G.   1 Narcan (Naloxone) (1mg / ml) (2ml amp)
         Mfr: Lot No: Exp (mm/yy):
H.   1 Lidocaine (Xylocaine) Jelly 2% (30 ml tube)
         Mfr: Lot No: Exp (mm/yy):
I.   Romazicon (Flumazenil) (0.1 mg/ml) (10ml vial)
         Mfr: Lot No: Exp (mm/yy):

Appendix B

CRASH CART AND MONITOR LOCATIONS

LOCATION	EMERGENCY EQUIPMENT	DEFIBRILLATOR
BUILDING 2 – 1st Floor		
Allergy and Derm Clinic	Integrated crash cart (1)	LP 9P
Pediatric Clinic	Integrated crash cart and Peds transport box (1 ea)	LP 9P
OB/GYN Clinic	Integrated crash cart (1)	LP 9P
Dental Clinic	Integrated crash cart (2)	LP 9P
Opthamology (Eye) Clinic	Integrated crash cart (1)	LP 9P
Radiation/Oncology Clinic	Integrated crash cart and Peds transport box (1 ea)	LP 9P
CT/Ultrasound Clinic	Integrated crash cart and Peds transport box (1 ea)	Zoll
Main X-Ray-Radiology	Integrated crash cart and Peds transport box (1 ea)	LP 9P
EBCT	Integrated crash cart and Peds transport box (1 ea)	LP 9
Emergency Room	Integrated crash cart (3)	LP 9P x 2 LP 10 x 2 LP 12 x 1
BUILDING 5 – Tunnel		
MRI	Integrated crash cart and Peds transport box (1 ea)	LP 9P
BUILDING 2 – 2nd Floor		
Med. Equipment Exchange	Integrated crash cart (16)	None
Laser Eye Clinic	Integrated crash cart (1)	LP 9P
BUILDING 2 – 3rd Floor		
Cardiology and Pain Clinic	Integrated crash cart (2)	LP 9P x 2 HP CdMstr
BUILDING 2 – 4th Floor		
Cath Lab	Integrated crash cart (3)	LP 9P x 3
Special Procedures	Integrated crash cart and Peds transport box (1 ea)	LP 9P
Urology Clinic	Integrated crash cart and Peds transport box (1 ea)	LP 9P
Ward 40 – CCU	Integrated crash cart (2) and Adult transport box (1)	LP 9P Zoll
Ward 41	Integrated crash cart (1)	LP 9P
Ward 43	Integrated crash cart (1)	LP 9P
Ward 45A – SICU/TICU	Integrated crash cart (2) and Adult transport box (2)	LP 9P x 2
Ward 45B – MICU/PICU	Integrated crash cart (2) and Adult and peds transport box (1 ea)	LP 9P x 2
Ward 45C – ImCU	Integrated crash cart (2) and Adult and peds transport box (1 ea)	LP 9P x2
Ward 46	Integrated crash cart (1) and Adult and peds transport box (1 ea)	LP 9P Zoll
Ward 48D – Dialysis	Integrated crash cart (1)	LP 9P

Appendix B (Continued)

CRASH CART AND MONITOR LOCATIONS

LOCATION	TYPE OF CRASH CART	DEFIBRILLATOR
Nephrology Clinic	Integrated crash cart and Adult transport box (1 ea)	None
PACU	Integrated crash cart (2)	LP 9P Zoll
Ambulatory Surgery Clinic	Integrated crash cart and Peds transport box (1 ea)	Zoll
CCNS	Integrated crash cart (1) (training)	None
OR and Anesthesia Services	No code carts, use anesthesia carts	HP Cdmstr x 6

BUILDING 2- 5th Floor

LOCATION	TYPE OF CRASH CART	DEFIBRILLATOR
General Surgery Clinic	Integrated crash cart (1)	LP 9P
Orthopedic Clinic	Integrated crash cart (2)	LP 9P
Plastic Surgery Clinic	Integrated crash cart (1)	LP 9P
Ward 51	Integrated crash cart and Adult and peds transport box (1 ea)	LP 9P
Ward 52	Integrated crash cart and Peds transport box (1 ea)	LP 9P
Ward 54	Integrated crash cart (1)	LP 9P
Ward 55 – CADRe		AED
Ward 55 – Comp. Breast Center	Integrated crash cart (1)	LP 9P
Ward 56 – Prostrate Clinic	Integrated crash cart (1)	LP 9P
Ward 57	Integrated crash cart (1)	LP 9P
Ward 58	Integrated crash cart and Adult and peds transport box (1 ea)	LP 9P

BUILDING 2 – 6th Floor

LOCATION	TYPE OF CRASH CART	DEFIBRILLATOR
ENT Clinic	Integrated crash cart (1)	LP 9P
Ward 61-62 – Neuro Clinic	Integrated crash cart (1)	LP 9P
Ward 63 – ID Clinic	Integrated crash cart (1)	LP 9P
Ward 65	Integrated crash cart (1)	LP 9P
Ward 66 – Short Stay Unit	Integrated crash cart and Peds transport box (2 ea)	LP 9P x 2
Ward 68	Integrated crash cart and Carotid Blow Out Kit (1 ea)	LP 9P

BUILDING 2 – 7th Floor

LOCATION	TYPE OF CRASH CART	DEFIBRILLATOR
GI Clinic	Integrated crash cart (1)	LP 9P
Nuc Med and Endocr Clinic	Integrated crash cart (1)	LP 9P
Ward 71	Integrated crash cart (2) and Adult transport box	LP 9P x 2
Ward 72	Integrated crash cart (2)	LP 9P LP 12
Ward 73 – Wellness Center	Integrated crash cart (1)– pending	
Ward 74 – METU	Integrated crash cart (1)	LP 9P
Ward 75	Integrated crash cart (2)	LP 9P x 2
Ward 76 – Sleep Clinic	Peds transport box (1)	None
Ward 77 – Pulmonary Clinic	Integrated crash cart (1)	LP 9P
Ward 78 – Hem-Onc Clinic	Integrated crash cart (1)	LP 9P

Appendix B (Continued)

CRASH CART AND MONITOR LOCATIONS

LOCATION	TYPE OF CRASH CART	DEFIBRILLATOR
<u>BUILDING 1 – 3rd Floor</u>		
NESD/CPR Clinic	Integrated crash cart (1) (training)	LP 9P x 2
		LP 6 x 4

NOTE:

During **DUTY HOURS**, the code cart and monitor/defibrillator will be retrieved from the Cardiology Clinic (3rd Floor, Building 2) for emergency events occurring on floors 1, 2, 3 in Building 2. During **NON-DUTY HOURS**, the code cart and monitor/Defibrillator will be retrieved from the Emergency Room for emergency events occurring on floors 1, 2, 3 in Building 2. During **DUTY HOURS**, the code cart and monitor/Defibrillator will be retrieved from MRI (Building 5, tunnel) for emergency events occurring in Building 1.

Appendix C

Emergency Resuscitation Record (ERR)
MEDCOM FORM 679-R-PART 1

EMERGENCY RESUSCITATION RECORD - PART 1
For use of this form see MEDCOM Cir 40-6

Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.

1. DATE:

2. LOCATION OF RESUSCITATION EVENT

3. WITNESSED ARREST?

☐ YES ☐ NO ☐ UNKNOWN

MONITORED AT ONSET?

☐ YES ☐ NO

☐ MICU ☐ SICU ☐ CCU ☐ NICU ☐ ED ☐ PACU ☐ OR ☐ WARD: _____

☐ DIAGNOSTIC / PROCEDURE AREA: _____

☐ OUTPATIENT CLINIC: _____

☐ OTHER *(Specify)*: _____

4. INTERVENTIONS (✓ - IN PLACE AT START OF ARREST) (✓ - INSERTED DURING ARREST)   COMMENTS

☐ IV Access	☐ Time: ____ : ____	_____
☐ Endotrachael Tube	☐ Time: ____ : ____	_____
☐ Mechanical Ventilation	☐ Time: ____ : ____	_____
☐ Arterial Line	☐ Time: ____ : ____	_____
☐ Central Venous Line	☐ Time: ____ : ____	_____
☐ Pulmonary Artery Catheter	☐ Time: ____ : ____	_____
☐ Nasogastric Tube	☐ Time: ____ : ____	_____
☐ Pacing Device *(Specify type)*: _____	☐ Time: ____ : ____	
☐ Implantable Defibrillator / Cardioverter	☐ Time: ____ : ____	
☐ Other *(Specify)*: _____	☐ Time: ____ : ____	

5. IMMEDIATE CAUSE OF ARREST / EVENT
(Check one)

☐ Lethal Arrhythmias
☐ Hypotension
☐ Respiratory Depression
☐ Metabolic
☐ Myocardial Infarction or Ischemia
☐ Unknown
☐ Other: _____

6. RESUSCITATION ATTEMPTED

☐ YES *(Check all that were used)*
  ☐ Chest Compressions
  ☐ Defibrillation
  ☐ Airway Management

☐ NO *(Check one)*
  ☐ False alarm/arrest (BLS / ALS not needed)
  ☐ Do not attempt resuscitation (DNAR)
  ☐ Considered futile ☐ Found dead

7. INITIAL CONDITION

CONSCIOUS
☐ Yes ☐ No

BREATHING
☐ Yes ☐ No

PULSE
☐ Yes ☐ No

Site: _____

8. INITIAL RHYTHM

☐ Ventricular Fibrillation ☐ Perfusing Rhythm
☐ Ventricular Tachycardia ☐ Bradycardia
☐ Pulseless Electrical Activity ☐ Asystole

RETURN OF SPONTANEOUS CIRCULATION (ROSC)

☐ Returned at: _____ : _____ ☐ Never achieved
☐ Unsustained ROSC: ☐ < 20 min ☐ > 20 min

CPR STOPPED AT: _____ : _____

WHY: ☐ ROSC ☐ DNAR
    ☐ Considered futile ☐ Death

PATIENT DISPOSITION:

9. EVENT TIMES
(Times are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)

	HOUR	MIN
Collapse / Arrest Onset:	____ :	____
CPR Started:	____ :	____
1st Defibrillation:	____ :	____
Airway Achieved:	____ :	____
1st Dose Epinephrine:	____ :	____
Code Team Called:		

☐ Yes ☐ No Time: ____ : ____

Code Team Arrived:

☐ Yes ☐ No Time: ____ : ____

10. GLASGOW COMA SCALE
(Post-resuscitation)
Circle appropriate scores, then total.

EYE OPENING
4 - Spontaneously
3 - To voice
2 - To pain
1 - No response

VERBAL RESPONSE
5 - Oriented, converses
4 - Disoriented, converses
3 - Inappropriate responses
2 - Incomprehensible sounds
1 - No response

MOTOR RESPONSE
6 - Obeys verbal commands
5 - Localizes painful stimulus
4 - Withdraws from pain stimulus
3 - Flexion, decorticate posturing
2 - Extension, decerebrate posturing
1 - No movement

SCORE: _____

PATIENT IDENTIFICATION

AGE: _____
GENDER: _____
HEIGHT (in): _____
WEIGHT (lbs): _____

MEDCOM FORM 679-R (TEST) (MCHO) AUG 99   PREVIOUS EDITIONS ARE OBSOLETE   MC V2.00

Appendix C (Continued)

Emergency Resuscitation Record (ERR)
MEDCOM FORM 679-R-PART-2

	EMERGENCY RESUSCITATION RECORD - PART 2											
	TIME (Hr/Min):											
V I T A L S	BLOOD PRESSURE											
	HEART RATE (* = CPR)											
	RHYTHM											
	PULSE PALPABLE (Y/N)											
	DEFIBRILLATION (Joules: 200, 300, 360)											
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)											
	PACING PERFORMED (√)											
	RESPIRATIONS											
A I R W A Y	BAGGED w / 100% O2 (√)											
	INTUBATED (√)											
	MASK (Specify type)											
	% OXYGEN											
	O2 SATS											
M E D I C A T I O N S	EPINEPHRINE (1 mg - IV / ET tube)											
	ATROPINE (0.5 -1 mg - IV / ET tube)											
	LIDOCAINE (1-1.5 mg / kg - IV / ET tube)											
I V D R I P S	LIDOCAINE (1 GM / 250cc - IV at 1 - 4 mg / min)											
	DOPAMINE (400 mg / 250cc - IV at 1 - 20 mcg / kg / min)											
L A B S	POTASSIUM (K)											
	GLUCOSE											
	CALCIUM (Ca)											
	MAGNESIUM (Mg)											
A B G s	PH											
	pCO2											
	pO2											
	HCO3											
PHYSICIAN (Signature & Title)						NURSE (Signature & Title)						

MEDCOM FORM 679-R (TEST)(MCHO) AUG 99, Back

WRAMC Pam 40-1

The proponent agency of this publication is the Department of Nursing, Critical Care Nursing. Users are invited to send suggestions and comments on DA 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, Walter Reed Army Medical Center, ATTN: MCHL-N, 6900 Georgia Avenue, N.W., Washington, DC 20307-5001.

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                                                         Deputy Commander for
                                                            Administration

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